

Town of Lexington

Health Division 1625 Massachusetts Avenue Lexington, MA 02420

Tel: (781) 862-0500 x84533 Fax: (781) 861-2780

Application for Permit to Transport and/or Dispose of Rubbish/Refuse

Fee: <u>\$100.00</u>	Current Permit Expires:	Permit #
Business or Trade Name:		
Business Address:		
Mailing Address (if differ	rent):	
Telephone # of Business:		
Name and Title of Applic	ant:	
Address of Applicant:		
Name of Owner (if different	ent from applicant):	
	ship, give name, title, home a	address, of partners below if more room is
Name	Title	Home Address
Vehicle Registered to:	Vel	nicle Registration
Name and Address of Fac	cility where Rubbish/Refuse	is Disposed of:

APPLICANT EMERGENCY INFORMATION

We must be able to contact you in case of an emergency. We DO NOT WANT a corporate address. We require personal addresses where responsible people can be reached at any time.

Name of Business or Company:
Name of Owner and/or Manger:
Address (Home):
Telephone # (Home):
Telephone # (Cell/24 Hour):
1 st Alternate Contact (Name):
Address (Home):
Telephone # (Home):
Telephone # (Cell/24 Hour):
Pursuant to MGL Ch. 62C sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.
Federal ID:
Or
Social Security Number
Signature of Individual or Corporate Name:
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Cod
Signature
FOR BOARD OF HEALTH USE ONLY

Approved by

Permit #

Date Rec'd.

Date Inspected